

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

05 OCT 27 AM 11:42

FRANKLIN COUNTY  
BOARD OF ELECTIONS

Full Name of Committee <b>Jay Perez for Judge Committee</b>						Registration Number, if PAC		
Full Name of Candidate <b>Jay Gregg Perez</b>								
Street Address <b>5 E Long Street, Ste 404</b>						Office Sought <b>Judge</b>		District
City <b>Columbus</b>						State <b>O H</b>	Zip Code <b>43215</b>	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	Annual Year			
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	Semiannual			
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Date of Election <b>1 1 0 8 0 5</b>		

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 301.46
2. Total monetary contributions (From Form No. 31-A)	\$ 1,370.00
3. Total other income (From Form No. 31-A-2)	\$ 0.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 1,671.46
5. Total monetary expenditures (From Form No. 31-B)	\$ 1,576.83
6. Balance on hand (line 4 minus line 5)	\$ 94.63
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 0.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ 0.00
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 900.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ 17,825.16
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ 0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$ 0.00
13. For Electronic Filing Entities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Layla Turback, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

10-27-05  
Date

Contribution  
pages 2

Expenditure  
pages 1

Other  
pages 5

Total  
pages 8

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							
Full Name of Contributor <b>Si Sokol</b>					Registration Number, if PAC		
Street Address <b>2346 Fishinger Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>250.00</b>	
Full Name of Contributor <b>Jeffrey Berndt</b>					Registration Number, if PAC		
Street Address <b>575 S. High St.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Shadee Rasul</b>					Registration Number, if PAC		
Street Address <b>5435 Thorney Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Hilliard</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>150.00</b>	
Full Name of Contributor <b>Scott Shaw</b>					Registration Number, if PAC		
Street Address <b>500 S. Front St., Ste 130</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>300.00</b>	
Full Name of Contributor <b>Vanessa Wical Baker</b>					Registration Number, if PAC		
Street Address <b>3163 Walden Ravines</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>25.00</b>	
Full Name of Contributor <b>Patricia Hadler</b>					Registration Number, if PAC		
Street Address <b>2477 Southway Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Maria Laret</b>					Registration Number, if PAC		
Street Address <b>6600 Brick Ct.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City <b>Canal Winchester</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43110</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>125.00</b>	
Full Name of Contributor <b>Giselle Zuniga</b>					Registration Number, if PAC		
Street Address <b>3133 Standhill Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O</b>   <b>H</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>	

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed.  
If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 1,000.00

# Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>							
Full Name of Contributor <b>Thomas Sherman</b>					Registration Number, if PAC		
Street Address <b>910 Franklin Ave</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43205</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Harry Jennings</b>					Registration Number, if PAC		
Street Address <b>18 Ironclad Dr.</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43213</b>	M <b>0</b>	D <b>9</b>	Y <b>3</b>	Amount <b>20.00</b>	
Full Name of Contributor <b>Norman Penn</b>					Registration Number, if PAC		
Street Address <b>9390 Welch Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Orient</b>	State <b>O   H</b>	Zip Code <b>43146</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor <b>Frances Frazier</b>					Registration Number, if PAC		
Street Address <b>3466 Bolton Ave</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43227</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Ellen Macrae</b>					Registration Number, if PAC		
Street Address <b>128 N Merkle Rd</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	Amount <b>50.00</b>	
Full Name of Contributor <b>Dennis Fultz</b>					Registration Number, if PAC		
Street Address <b>300 S. High Street</b>		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) <b>check</b>		
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	M <b>1</b>	D <b>0</b>	Y <b>1</b>	Amount <b>100.00</b>	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
City	State	Zip Code	M	D	Y	Amount	

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If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 370.00

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>Jay Perez for Judge Committee</b>									
To Whom Paid <b>Richard Blake</b>						M 0	D 8	Y 3	Amount 175.00
Address <b>1771 Century City West 4</b>		Purpose <b>art design</b>							
City <b>Reynoldsburg</b>		State O	H	Zip Code <b>43068</b>		Check Number <b>1041</b>			
To Whom Paid <b>Staples</b>						M 0	D 9	Y 0	Amount 239.80
Address <b>www.staples.com</b>		Purpose <b>paper, envelopes, lables</b>							
City		State		Zip Code		Check Number <b>debit card</b>			
To Whom Paid <b>USPS</b>						M 0	D 9	Y 0	Amount 333.00
Address <b>Main Office Riverside Dr.</b>		Purpose <b>postage</b>							
City <b>Columbus</b>		State O	H	Zip Code <b>43216</b>		Check Number <b>debit card</b>			
To Whom Paid <b>TransWorld Services</b>						M 0	D 9	Y 2	Amount 582.97
Address <b>4130 Weaver Court S.</b>		Purpose <b>coffee sleeves</b>							
City <b>Hilliard</b>		State O	H	Zip Code <b>43026</b>		Check Number <b>1042</b>			
To Whom Paid <b>USPS</b>						M 1	D 0	Y 0	Amount 51.35
Address <b>Main Office Riverside Dr.</b>		Purpose <b>postage</b>							
City <b>Columbus</b>		State O	H	Zip Code		Check Number <b>debit card</b>			
To Whom Paid <b>Kinkos</b>						M 1	D 0	Y 0	Amount 194.71
Address <b>180 North High St</b>		Purpose <b>copies, paper</b>							
City <b>Columbus</b>		State O	H	Zip Code <b>43215</b>		Check Number <b>debit card</b>			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State		Zip Code		Check Number			

Page Total \$ 1,576.83

# Statement of Loans Received

Prescribed by Secretary of State 3/05

Full Name of Committee <b>Jay Perez for Judge Committee</b>													
From Whom Received <b>Jay Perez</b>								Prior Amount <b>500.00</b>		Amt. Incurred this Period			
Address <b>1655 Gables Court</b>										Outstanding Balance <b>500.00</b>			
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43235</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
0 5 0 6 0 5													
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y
From Whom Received <b>Jay Perez</b>								Prior Amount <b>400.00</b>		Amt. Incurred this Period			
Address <b>1655 Gables Court</b>										Outstanding Balance <b>400.00</b>			
City <b>Columbus</b>		State <b>O H</b>		Zip Code <b>43235</b>		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
0 7 0 6 0 5													
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y
From Whom Received								Prior Amount		Amt. Incurred this Period			
Address										Outstanding Balance			
City		State		Zip Code		Loans Received This Period				Payments This Period			
						Date		Amount		Date		Amount	
Date Loan was originally Incurred		M	D	Y	M	D	Y	\$		M	D	Y	\$
Registration Number, if PAC								M	D	Y	M	D	Y
Employer/Occupation/Labor Organization*								M	D	Y	M	D	Y

\* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 900.00
- Total received this period \$ 0.00 (To Form No. 31-A-2)
- Total Payments this Period \$ 0.00 (also record on Form 31-B)
- Total Outstanding Balance \$ 900.00 (To Form No. 30-A)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Jay Perez for Judge</b>									
To Whom Owed <b>Jay Perez</b>						Prior Amount <b>1,731.70</b>		Amt. Incurred this Period <b>0.00</b>	
Address <b>614 Belvidere Ave</b>						Item or Purpose for Debt <b>printing sup.</b>		Outstanding Balance <b>1,031.71</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43223</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	1	0	6	0	5
Registration Number, if PAC						M	D	Y	
						M	D	Y	
						M	D	Y	
To Whom Owed <b>Jay Perez</b>						Prior Amount <b>1,752.90</b>		Amt. Incurred this Period <b>0.00</b>	
Address <b>614 Belvidere Ave</b>						Item or Purpose for Debt <b>campaign sup.</b>		Outstanding Balance <b>1,552.90</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43223</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	4	0	6	0	5
Registration Number, if PAC						M	D	Y	
						M	D	Y	
						M	D	Y	
To Whom Owed <b>Jay Perez</b>						Prior Amount <b>541.80</b>		Amt. Incurred this Period	
Address <b>1655 Gables Court</b>						Item or Purpose for Debt <b>campaign sup.</b>		Outstanding Balance <b>541.80</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43235</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	5	1	2	0	5
Registration Number, if PAC						M	D	Y	
						M	D	Y	
						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 3,126.41 (also record on cover page)

# Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Jay Perez for Judge</b>									
To Whom Owed <b>Jay Perez</b>						Prior Amount <b>4,255.00</b>		Amt. Incurred this Period	
Address <b>1655 Gables Court</b>						Item or Purpose for Debt <b>adverstisment</b>		Outstanding Balance <b>4,255.00</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43223</b>		Payments Made This Period	
								Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	7	0	8	0	5
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed <b>Jay Perez</b>						Prior Amount		Amt. Incurred this Period <b>1,551.25</b>	
Address <b>1655 Gables Court</b>						Item or Purpose for Debt <b>yard signs</b>		Outstanding Balance <b>1,551.25</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43223</b>		Payments Made This Period	
								Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	9	2	0	0	5
Registration Number, if PAC						M	D	Y	
						M	D	Y	
To Whom Owed <b>Jay Perez</b>						Prior Amount		Amt. Incurred this Period <b>892.50</b>	
Address <b>1655 Gables Court</b>						Item or Purpose for Debt <b>pumber stickers</b>		Outstanding Balance <b>892.50</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43235</b>		Payments Made This Period	
								Date Amount	
Date Debt was originally Incurred				M	D	Y	M	D	Y
				0	8	2	5	0	5
Registration Number, if PAC						M	D	Y	
						M	D	Y	

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 6,698.75 (also record on cover page)

## Statement of Outstanding Debts

Prescribed by Secretary of State 2/01

Full Name of Committee <b>Jay Perez for Judge</b>									
To Whom Owed <b>Jay Perez</b>						Prior Amount		Amt. Incurred this Period <b>8,000.00</b>	
Address <b>1655 Gables Court</b>						Item or Purpose for Debt <b>billboards</b>		Outstanding Balance <b>8,000.00</b>	
City <b>Columbus</b>				State <b>O H</b>		Zip Code <b>43223</b>		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y <b>0 9 1 9 0 5</b>		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			
To Whom Owed						Prior Amount		Amt. Incurred this Period	
Address						Item or Purpose for Debt		Outstanding Balance	
City				State		Zip Code		Payments Made This Period Date Amount	
Date Debt was originally Incurred				M D Y		M D Y		\$	
Registration Number, if PAC						M D Y			
						M D Y			

If a debt is forgiven, write "Forgiven" in the "Outstanding Balance" column. Transfer total of all payments made this period to the Statement of Expenditures (Form No. 31-B). Total amount forgiven should be included in the In-Kind Contributions Received (Form No. 31-J-1). Transfer total outstanding debt amount to the cover page.

Total Payments this Period \$ 0.00 (also record on Form 31-B)

Total Outstanding Balance \$ 8,000.00 (also record on cover page)